

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

JACKSONVILLE SUPPLY ORDER FORM
PLEASE FAX THIS REQUEST TO: 904-791-1637
 BUREAU OF PUBLIC HEALTH LABORATORIES-SHIPPING & RECEIVING
 1217 N. PEARL STREET JACKSONVILLE, FL 32202
 PHONE: 904-791-1571 FAX: 904-791-1637

ITEM	QUANTITY ORDERED
UNISEX COLLECTION KITS (female cervical & male urethral) (Purple box-50/box)	
URINE COLLECTION KITS (female urine & male urine) (Yellow box-50/box)	
MULTI-TEST COLLECTION KITS (vaginal, rectal, oral & penile) (Orange box-50/box)	
MIXED MAILER CANISTERS (25-30 per case)	
TB SPUTUM CANISTERS (PINK CANS) (Includes: Forms & Conical Tubes (25/case)	
O&P STOOL CANISTERS (BLUE CANS) (Includes: Forms & Media (25/case)	
ENTERIC STOOL CANISTER (WHITE CANS) (Includes: Forms & Media (25/case)	
O&P MEDIA ONLY (Total Fix-25/box)	
ENTERIC MEDIA ONLY (C&S Medium-25 box)	
THAYER-MARTIN GC PLATES (10/box)	
(DH 1847) LABORATORY REQUISITION FORMS (100/pack)	
(DH 641) NON-POTABLE WATER FORMS (Bacteriological Analysis form-50/pack)	
(DH655) DRINKING WATER FORMS (Bacteriological Analysis form-50/pack)	
(DH959) RABIES FORM (25/pack)	
PERTUSSIS E-SWABS (each)	
STYROFOAM COOLERS	XL -Single/ LG - 2 in stack/ MED - 3 in stack/ SM - 4 in stack
COMMENTS:	

PLEASE (LEGIBLY) COMPLETE FORM BEFORE FAXING TO: **904-791-1637**. ALLOW (7) SEVEN TO (10) TEN BUSINESS DAYS TO PROCESS ORDERS.

DATE REQUESTED: _____
FACILITY NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP CODE: _____
PHONE NUMBER: _____ **FAX:** _____
REQUESTED BY PERSON/DEPARTMENT: _____

Florida Department of Health
Bureau of Public Health Laboratories
 1217 N Pearl Street Jacksonville, FL 32202
 PHONE: 904-791-1500 • FAX 904-791-1567
FloridaHealth.gov



